FOR A	AGENC	Y USE C	ONLY			
NCG1	.7					
Assig	ned to	:				
ARO	FRO	MRO	RRO	WARO	WIRO	WSRC

Division of Energy, Mineral, and Land Resources Land Quality Section National Pollutant Discharge Elimination System NCG170000 Notice of Intent

This General Permit covers **STORMWATER DISCHARGES** associated with activities under the following Standard Industrial Classifications: **SIC 22** [Textile Mill Products] and like activities deemed by DEMLR to be similar in the process, or the exposure of raw materials, products, by-products, or waste materials. You can find information on the DEMLR Stormwater Program at deg.nc.gov/SW.

Directions: Print or type all entries on this application. Send the original, signed application with all required items listed in Item (6) below to: **NCDEMLR Stormwater Program, 1612 MSC, Raleigh, NC 27699-1612.** The submission of this application does not guarantee coverage under the General Permit. Prior to coverage under this General Permit a site inspection will be conducted.

1.	Owner/Opera	i tor (to whom	n all permit corre	spondence wi	ll be mailed):

Name of legal organizational entity:	Legally responsible person as signed in Item (7) below:			
Street address:	City: State: Zip Co			
Telephone number:	Email address:		1/18	
Type of Ownership: Government			2)	
☐ County ☐ Federal ☐ Municipal ☐ State			1	
Non-government				
\square Business (If ownership is business, a copy of NCS	OS report must be included wi	th this application)		
☐ Individual	ntal Quality	The second second		

2. Industrial Facility (facility being permitted):

Facility name:		Facility environmental contact:				
Street address:		City: State: Zip Cod		Zip Code:		
Parcel Identification Number (PIN):			County:			
Telephone number:		Email address:				
4-digit SIC code: Facility is: ☐ New ☐ Proposed ☐ Existing		Date operation is to begin or began:				
Latitude of entrance:		Longitude of entrance:				
Brief description of th	ne types of industrial activities and prod	lucts manuf	factured at this facili	ity:		
If the stormwater disc ☐ N/A	sewer syste	m (MS4), name the	operator of the I	MS4:		

Name of consultan					
ivallie of consultan	t:	Consulting firm:			
Street address:		City:	State:	Zip Coo	
Telephone number	:	Email address:			
		:hla fan ar			
· '	ne outfall is required to be elig				
3-4 digit identifier:	Name of receiving water:	Classification:	☐ This water is i		
			☐ ☐ This watershe	☐ This watershed has a TMDL	
Latitude of outfall:		Longitude of outfall:			
Brief description of t	he industrial activities that drain t	o this outfall:			
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Do Vehicle Maintena	nce Activities occur in the drainage	ge area of this outfall?		☐ Yes ☐	
If ves. how many gall	ons of new motor oil are used each	ch month when averaged o	over the calendar year?		
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All outfalls **must** be listed and **at least one outfall is required**. Additional outfalls may be added in the section "**Additional Outfalls**" found on the last page of this NOI.

f checked, list the permit numbers for all current NPDES permits: This facility has Non-Discharge permits (e.g., recycle permit). Checked, list the permit numbers for all current Non-Discharge permits: This facility uses best management practices or structural stormwater control measures. Checked, briefly describe the practices/measures and show on site diagram: This facility has a Stormwater Pollution Prevention Plan (SWPPP). Checked, please list the date the SWPPP was implemented: This facility stores hazardous waste in the 100-year floodplain. Checked, describe how the area is protected from flooding: This facility is a (mark all that apply) Hazardous Waste Generation Facility Hazardous Waste Storage Facility Hazardous Waste Disposal Facility Hazardous Waste Disposal Facility Hazardous Waste bisposal Facility Hazardous Waste storage Facility Where material is stored: Where material is stored: Where material is stored: Number of waste shipments per year: Name of transport/disposal vendor: Transport/disposal vendor EPA ID: Vendor address: This facility is located on a Brownfield or Superfund site Checked, briefly describe the site conditions Check for \$120 made payable to NCDEQ Copy of most recent Annual Report to the NC Secretary of State This completed application and any supporting documentation A site diagram showing, at a minimum, existing and proposed: a) outline of drainage areas Surface waters Surface waters Stormwater management structures Oliocation of stormwater outfalls corresponding to the drainage areas Trunoff conveyance features	☐ This facility has other NPDES permits.		
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d) location of stormwater outfalls corresponding to the drainage arease) runoff conveyance features	b) surface waters		
e) runoff conveyance features	c) stormwater management structures		
		onding to the drain	age areas
f) areas where materials are stored	f) areas where materials are stored		
h) site property lines ☐ Copy of county map or USGS quad sheet with the location of the facility clearly marked	g) impervious areas		

7. Applicant Certification:

North Carolina General Statute 143-215.6B (i) provides that: Any person who knowingly makes any false statement, representation, or certification in any application, record, report, plan, or other document filed or required to be maintained under this Article or a rule implementing this Article . . . shall be guilty of a Class 2 misdemeanor which may include a fine not to exceed ten thousand dollars (\$10,000).

	at: or the permitted industrial activity, for satisfying the requirements of this permit, and for any Irred due to violations of this permit.
\square The information submitted in	this NOI is, to the best of my knowledge and belief, true, accurate, and complete based on ersons who manage the system, or those persons directly responsible for gathering the
permit requirements for the	f the NCG170000 permit. I understand that coverage under this permit will constitute the discharge(s) and is enforceable in the same manner as an individual permit. der the NCG170000 General Permit.
Printed Name of Applicant:	
Title:	
(Signature of Applicant)	(Date Signed)
Mail the entire package to:	DEMLR – Stormwater Program Department of Environmental Quality
	1612 Mail Service Center Raleigh, NC 27699-1612

Additional Outfalls

3-4 digit identifier:	Name of receiving water:	Classification:	☐ This water is impaired☐ This watershed has a TMDL.			
Latitude of outfall:		Longitude of outfall:	•			
Brief description of t	he industrial activities that drain to	o this outfall:				
	nce Activities occur in the drainag ons of new motor oil are used eac		☐ Yes ☐ No the calendar year?			
3-4 digit identifier:	Name of receiving water:	Classification:	☐ This water is impaired			
3 4 digit identifier.	Name of receiving water.	Classification.	☐ This water is impaired ☐ This watershed has a TMDL.			
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3-4 digit identifier:	Name of receiving water:	Classification:	☐ This water is impaired☐ This watershed has a TMDL.			
Latitude of outfall:	1	Longitude of outfall:				
Brief description of t	he industrial activities that drain to	o this outfall:				
	nce Activities occur in the drainag ons of new motor oil are used eac		☐ Yes ☐ No the calendar year?			
Depar	tment of Environment	at thistiny				
3-4 digit identifier:	Name of receiving water:	Classification:	☐ This water is impaired☐ This watershed has a TMDL.			
Latitude of outfall:	1	Longitude of outfall:				
Brief description of t	he industrial activities that drain to	o this outfall:				
Do Vehicle Maintenance Activities occur in the drainage are of this outfall? If yes, how many gallons of new motor oil are used each month when averaged over the calendar year?						
2.4.4:-:4::6:	Name of marking and a	Classification				
3-4 digit identifier:	Name of receiving water:	Classification:	☐ This water is impaired☐ This watershed has a TMDL.			
Latitude of outfall: Longitude of outfall:						
Brief description of t	he industrial activities that drain to	o this outfall:				
	nce Activities occur in the drainag ons of new motor oil are used eac		☐ Yes ☐ No the calendar year?			